

IN 7840-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
2/10/05	S: weekly interferon injection #16		
0715	O: NAP exam deferred (2 @ full dose)		
	A: HCV (+)		
	P: self administered 1 ml of interferon to abd SQ 5		
	difficulty.		
	(2) flu in 1 week		
	Eric Asp		
	PA-C		
2/10/05 1600	Admin. due to lockdown w/ not see sl. w/ U reschedule ~ 1 wk also ABC sl LFT'S w/ U bed down and monitored		
2/17/05 1095h	Admin. Note: Chron Hep. C Meds. Admin. Injections Peginterferon ALFA-2A 180mcg - Adminer via self administered tolerated well & prudent		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO. #17	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

H. BEAM, MD
FCI MCKEANRobert E. Piotrowski, PA-C
FCI MCKEANMoshier, Donald
10924-052CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000050

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
2/23/05 1200	<p>Adm. Institution lockdown</p> <p>Lab: ALT 150 WBC 1,900 ANC 874 Hct 42.1 pHct 94</p>	<p>Stable on present dosing</p> <p>FCI McKean Hopi E. Hopkinson, MD</p>
	<p>will follow counts s/ monitor progress</p>	<p>H. BEAM, MD FCI MCKEAN</p>
02/24/05 16 ³⁰	<p>③ Interferon Injection</p> <p>② Hep C - Deferred</p> <p>① Hep C</p> <p>④ Self Admin - Interferon 1ml to Abd. w/o ANY problems.</p>	<p>#18/4</p> <p>B. Douthit, EMT-P FCI McKean BYC DPC yeb</p>
3/2/05 3/2/05 1430	<p>s/ follow qo shay 30 sec on per chart</p> <p>s/ Cam c/o rash - wants Tylenol</p> <p>① Labwork - panel ALT 172 WBC 1.600 ANC 960 Hct 37.8 pHct 79x10³</p>	<p>Reviewed by D. Olson, MD Date: 2/25/05</p>
3/2/05 1430	<p>① Tolerating increased dose p.o. 1/16 by (back to a standard) (follow counts)</p> <p>follow - p.o.</p> <p>Tylenol 500mg $\frac{1}{2}$ Bil #30 R-12</p>	<p>000051</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

DATE	SYMPTOMS, DIS.	SIS. TREATMENT, TREATING DRUG	ACTION (Sign each)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Hep contx ASTHA GARD</i>		
	SUBJECTIVE: (Chief Complaint) <i>Back at full dose on 2/3/05</i> <i>feels ok</i>		
<i>2/9/05</i> <i>1440</i>	Med. Compliance:		
	OBJECTIVE: (Review System) Age: <i>43</i> Sex: Male Race:		
	B / P: <i>130/80</i> P: <i>70</i> Wt: <i>226</i> T: R / R: SO2%: <u>Peak Flow:</u>		
	HEENT: <i>OK</i> Last Op / Opth. Eval.:		
	Heart: <i>dev</i>		
	Lungs: <i>clear</i>		
	Abdomen: <i>normal back</i> <i>1050</i>		
	Genital / Rectal: <i>cystitis</i> <i>1090</i>		
	Extremities: <i>Pr. Hg</i>		
	Neuro:		
	Recent Lab Results: <i>1 + edema</i> <i>edgy</i>		
	ASSESSMENT(S):		
	DSM IV Classification		
	Axis I:		Axis IV:
	Axis II:		Axis V: GAF Score:
	Axis III: <i>alcohol, stable</i>		
	Preventive Care:	Diet:	Exercise: <i>yes</i>
	Tobacco Use: <i>no</i>		

Diabetic foot
Screen Test SDiabetic foot
Screen Test S

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

WARD NO.

*Donald Mosher*CHRONOLOGICAL RECORD OF MEDICAL C.
Medical Record

STANDARD FORM 600 (REV. 6-97)

F. by GSA / ICMR 000052

EL. (41 CFR) 201.202.4

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 8 9 10
	PLAN: <i>Edg. trouble on the compound</i>
	Patient Education: <ul style="list-style-type: none"> <input type="checkbox"/> Discussed Test Results <input type="checkbox"/> Discussed Tx Plan <input type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.
	Diagnostic Studies: <input checked="" type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input checked="" type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgAlc <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: <i>Weekly x 8</i>
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:
	Return to Clinic for routine Follow-Up on: <i>1wk</i>
	Treatments(s): <ul style="list-style-type: none"> <i>(out of seq.)</i> <i>pey. Interferon α 2a 180mcg SCQ @ 1wk } 3mo</i> <i>Ribavirin 600mg po Bid pill line }</i> <i>Lactulose 15cc Bid #1 RF 8</i> <i>Doxycycline 100mg po Bid #100 RF 2</i> <i>Albuterol ii puff Qid #1 RF 1</i> <i>Bacitracin and bit #1 RF 4</i> <i>Betamethasone oint (only) bid #1 RF 4</i> <i>Hydrocortisone 1% Cream Bid #1 RF 4</i> <i>Omeprazole 20mg po QD #30 RF 2</i> <i>Tylenol 500mg ii Bid #30 RF 2</i>
	Reviewed By: <i>V. Geza, PharmD</i>
	000053 <i>MD</i>

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT **TREATING ORGANIZATION** (*Sign each entry*)

2/3/05

0620hr

Admission Note - Chronic Hep. C

Interview A-7A BO on 7 Feb 1968
Televised with President.

Robert E. Plotrowski, PA-C
FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FBI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR	
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Moshier,
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000054

ИСТРИНСКИЙ
ВОРОН Е ДИПЛОМАТ ВУ-С

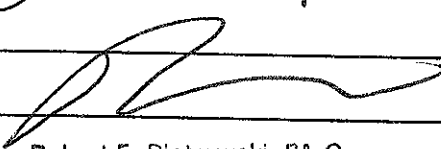
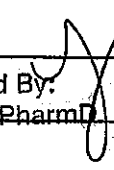
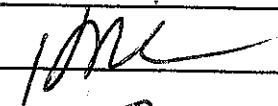
000055

H. BEAM, MD
FCI MCKEAN

Donald Moskier

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000056

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-27-05 0630h	Admin. Note - Chronic Hep. C 135 mcg (.75cc) Interferon alpha 2a SC Self administered Albuterol Feeling well & confident  Robert E. Plotrowski, PA-C FCI MCKEAN
2/2/05 1400h S/M	7/ check back Per I/PB to feel ok "I'm out of my meds ... I get out next week - Wednesday" 8/ look ok - CPE - stable
S/M	A1 HepC on tx & I shall increase Interferon dose back to standard full dose
S/M	P) Pres. med A's - (Pitavastatin Same dose) (change) Peginterferon & 2a 180 mcg SQ QWk #2mo omeprazole 20mg po QD #7 RF12 doxycycline 100mg po bid #1 RF12 lactulose 15cc bid #1 RF12 Albuterol ti puffs Qid #7 RF3 2/2/05 1400h
	Plu next week for peak flow etc. Reviewed By:  V. Goza, PharmD  H. BEAM, MD FCI MCKEAN

000057

BN 7540-00-534-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1/5/05 1340 SHH	<p>Interim churc</p> <p>g feel well -</p> <p>g before done increase on Peg I / Rita</p> <p>ALT 199 WBC 2,200 Hct 93.9</p> <p>Anc 1100 pft ct 87 x 23</p> <p>A/ Here on tx - improved counts</p> <p>P/ Recheck next wk follow count</p> <p>Has undentachy</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>		
01/6/05 0620 SHH	<p>⑤ Weekly Interferon Injection</p> <p>⑥ NAD</p> <p>⑦ Hep</p> <p>⑧ Self-Administer, 135 mcg (.75cc) of Interferon to Abd. w/o any difficulty.</p> <p style="text-align: right;">#11 1/17/05 1500</p> <p style="text-align: right;">B. Douthit, EMT-P B. Laitter EMT-P FCI McKean</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 8-97)
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FIRM (41 CFR) 201-9.202-1

000058

1/11/05
1400
S/H

S/feel ok

7) were hit pt at stable
after 2 doses of midday PGI

17) Heparin on Reg I / Ribavirin
+ nonby, typhoid fever, stable

P) Med med A's // Hydrocortisone cream bid #1 R-2
(Increase) Ribavirin 600 mg po Bid } 3 mo
{ (Same) Reg, ibuprofen & 2a 13 mg SC QWK }
Follow course

see clinic 1/11/05

Reviewed By:
V. Geza, PharmD

H. BEAM, MD
FCI MCKEAN

1/13/05
0630

admin note:

Interferon 0.75 cc SC, self administers 5 difficulties

#12 1/22/05
H. BEAM, MD
FCI MCKEAN

Eric Asp
PA-C

1/20/05
1045

admin note:

Interferon 0.75 cc SC, self administers 5 difficulties

#13 1/24/05

H. BEAM, MD
FCI MCKEAN

Eric Asp
PA-C

IN 7540-00-634-4176

AUTHORIZED FOR LOCAL RL

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12-16-04	③ Weekly Interferon injection. No complaints	# 8 10826	
0715	② NAD ② HepC ② PEGasys 90 mcg in 0.5 ml self administered by patient under supervision in abdomen, without difficulty. 2. RTC in 1 week for next dose.	12/14/04	
		Steven Labrozzi, PA-C Physician Assistant	
12/21/04	feeling ok c/o acne made TCN chromed for heartburn		
1500	57		
817u	2 - flare of back acne 50+ large inflamed pits		
	⑦ HepC on Tx; time; 817u		
	⑧ PTed naran - Follow up Act. NAD end 12/21/04 1520		
	omeprazole 20mg po QD # 7 RF=12		
	Doxycycline 100mg po bid # 14 RF=12		
	lactulose 15u bid # 1 RF=6		
	Albuterol ii puff Qid # 1 RF=3		
Reviewed By V. Geza, PharmD			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Moshier, D 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
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Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000060

12/23/04

admin notes

0630

Interferon 0.5cc injection subcutaneous self administered by
pt 5 difficulty

Eric Asp

PA-C

STH

2/1 feel better

12/28/04

0) looser - need bacitracin

STH

ALT 208 Hct 47.5

WBC 2,200 (↑) ALC 1100 (↑)

platelet 76 x 10³ (↑)

90

45

A) Hgpc on PMS I, Riba DA
folliculitis

135

B) PTed. med A's

(increased)

Pegylated interferon 2a 135mcg
1m Qweek

(increased)

Ribavirin 400mg BID
pill len

3mo

Bacitracin
me bid 4 R-2

H. BEAM, MD
FCI MCKEAN

H. BEAM, MD
FCI MCKEAN

Reviewed By
V. Geza, PharmD

CB 1wlc

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

12-30-04

Admin Note:

D 900

Interferon Injection 135mcg. w/ self Admin w/o any difficulty

SHU

for Hep C Treatment.

B. Gault EMT-P

B. Douthit, EMT-P
FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.	
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RELATIONSHIP TO SPONSOR	
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

REGISTER NO.	10924-05	WAR
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Donald Mosher

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

100062

12/16/04

1350

S/H

S) In SA & angry
C/O headacheD) look on
vocalized feeling

ALT 202

Hct 44.8

WBC 2,000

ANC 980

Plt 65x10³D) HgC on tx
Pegil / Ritux @
reduced doseContraind Stabilizing - still
not time to try working dose
back up

D) PRed signs & st up to SC time

Rx: Tylenol 500 mg $\ddot{=}$ PO BID #28 RxC
C/B next weekReviewed By
V. Geza, PharmDH. BEAM, MD
FCI MCKEAN

101 MCKEAN

101 MCKEAN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOM	DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
12/3/04	5/ done		
11/00	2/ local		ACT 148
	got full day		WBC 2,000 (H)
	Interferon yesterday		ANC 1060
			Hct 41
			ret 66x03+
			Ammonia 163 (H)
	A7 Hep on TX		T98 ³
	P1 Ptd. nym 5x w/et		
	CB 1 wk		
			H. BEAM, MD FCI MCKEAN
12/9/04	Admin Note :		#7 AB
0655h	Interferon 90 mcg SC self adm. w/et		
	Tolerated well - 9/ Dr. [unclear]		
			Robert E. Piotrowski, PA-C FCI McKean

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION
000064

DEPART./SERVICE | SSN/IDENTIFICATION NO.

10924-052

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and OMA

Donald morrison

12/9/04

5)

doug ok - related incident Army

285*

1045c/o "Lump Lu & Hayes, Fedex 11/0/80
"biggs"

0)

look well

Heem, neg
chest clear

chest xray ABG 807 XBS

Lump - 2cm - under @ center
margin.

M) Hep C - an Tx -

Lipoma RUQ

P)

PTed - reassure about Lipoma
monitor med. ultrasound
Follow lab's weekly -MB
H. BEAM, MD
FCI MCKEAN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOM	DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
		Pog I si Ri Ga chub-book	
1/24/04 105809	4 c/o headache & hollow feeling in ear looked well & drowsy		
	7) HT 144/61 WBC 1,600 (b) ANC 768 Ht 38.7 Pct 734/103 ↓ Ammon 315 →	TG 78 Bp 120/80 P70	
	(leucodiartha on lotelone now) looked fine HT 144/61 Chub chub heart can stop 8/13/84		
	A) Hgc Pog I / Ri Ga TX B) PTed dose A's decreased Ri bordin 200 mg Am 400 mg pm Peginterferon & 2A 90 mcg Sca QWIC (decreased lotelone 15cc tid max) Pacitracan ml bid 4 Rfz CBI WIC RBC (TS's)		
Reviewed By V. Geza, PharmD			
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)	RECORDS MAINTAINED AT: Welda	DR. BEAM, MD DR. MCKEAN FOR MCKEAN	
	PATIENT'S NAME (Last, First, Middle Initial)	SEX	
	RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	SPONSOR'S NAME	ORGANIZATION 000066	
	DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

Donald
moshia
10924-53

11/30/04

1040

Admin: needs,

Tylenol 500mg $\frac{1}{4}$ PO Bid #30
R24

Reviewed By:
V. Geza, PharmD

12/2/04
0700hr

Admin Note - Chris HCV

H. BEAM, MD
FCI MCKEAN (#6)

Interferon 180 mcg SC self admin. abt.
Tolerated well & Independent
RTC - Per Schedule

12/3/04
1100

Robert E. Plotrowski, PA-C
FCI McKean

12/3/04
1100

Nesayn has got PEG I last Thursday (#5)
12/25/04

H. BEAM, MD
FCI MCKEAN

USN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/11/04 0745	S: interferon injection # 3 O: NAP A: HCV (+) P: 10 Pegasys 180 mcg (1ml) given SQ by inmate under direct supervision by PC in 1 week for next injection <div style="text-align: right;">Eric Asp PA-C</div>		
	DOSE #4		
11-18-04 1300	③ Interferon injection: weekly. 1m pleased w/ lab results are now more in his favor. ④ NAD. ⑤ HepC ⑥ 1. PegAsys 180 mcg given (self administered under supervision in abdomen) without difficulty. 2. RTC in 1 week for next dose. <div style="text-align: right;">Steven Labrozzi, PA-C Physician Assistant</div>		
11/18/04 (0930) 1430h	Adm - pleasant weather - seen ② w/ inmates - looks fine Recheck next wk <div style="text-align: right;">J. M. McKean FCI McKean</div>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
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Moshier, Donald
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000068

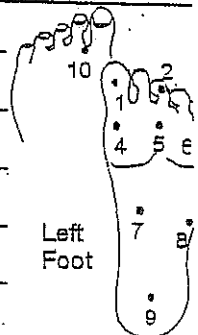
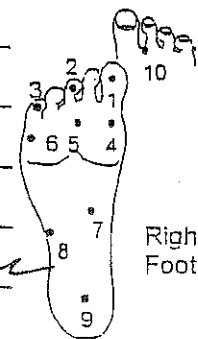
LC
L-0 y2b

DIGITAL RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

DATE	SYMPTOMS, DIA	SIS. TREATMENT. TREATING OR	ATION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Hepc ontr. ASD. AS Thuc</i>		
	SUBJECTIVE: (Chief Complaint)		
<i>1/10/04</i>	<i>tolerating shot - "a little feverish" Thuc</i>		
<i>020</i>	<i>AS Thuc not helping as much</i>		
	Med. Compliance:	<i>new butt - lactulose</i>	
	OBJECTIVE: (Review System) Age: Sex: Male Race:		
	B / P: <i>130/90</i> P: <i>70</i> Wt: <i>287</i> T: R / R: SO2%: Peak Flow:		
	HEENT: <i>OK</i>	Last Op / Opth. Eval.:	
	Heart: <i>OK</i>		
	Lungs: <i>OK</i>		
	Abdomen:	<i>490</i>	
	Genital / Rectal:	<i>450</i>	
	Extremities:	<i>500</i>	
	Neuro:		
	Recent Lab Results: <i>ALT 180</i>	<i>Ammonia 262</i>	
	ASSESSMENT(S): <i>wBC 3,400</i>		
	<i>Hct 45.9</i> <i>ANC 1802</i>		
	DSM IV Classification		
	Axis I:	Axis IV:	
	Axis II:	Axis V: GAF Score <i>AS Thuc</i>	
	Axis III: <i>Hepc ontr. Borderline DM AS Thuc</i>		
	Preventive Care:	Diet: <i>water</i>	Exercise:
	Tobacco Use: <i>yes</i>	Medication Side Effects:	
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART. / SERVICE
			RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME		SSN / ID NO.	RELATIONSHIP TO SPONSOR
CLIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade)		REGISTER NO.	WARD NO.
		<i>10924-052</i>	

Diabetic foot
Screen Test StepsDiabetic foot
Screen Test Steps*Donald Mosher*

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

File # (41 CFR) 201-202-1

000070

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Pain Level: 1 ms 3 4 5 6 7 8 9 10

PLAN:

Patient Education:

- (☒) Discussed Test Results (☐) Discussed Tx Plan
 (☐) Etiology, Complications, Prognosis, Prevention
 (☒) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (☐) No Smoking
 (☐) Medication Dosage / Administration / Compliance / Side Effects
 (☒) Patient Understood Topics (☐) Verbalized Understanding
 (☒) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Total
acne back
florin
denavit
porian
(lactulose)

Diagnostic Studies: (☐) CBC / Dif (☐) U / A (☐) LFT (☐) Chem. Profile (☐) Lipids (☐) HgA1c
 (☐) PSA (☐) Viral Load (☐) CD4 (☐) Toxo Igg. (☐) Hepatitis Panel
 (☐) CXR (☐) EKG (☐) Others:

Consultations: (☐) Optometrist (☐) Ophthalmologist (☐) Orthopedic Surgeon
 (☐) Others:

Referral for Vaccination: (☐) Influenza (☐) Pneumococcal (☐) Other:

Return to Clinic for routine Follow-Up on: next wk

Treatments(s): Peg Interferon 2a → 180mcg SCa QWk } 3wks
Ribavirin 600mg po bid bid line
Albuterol ti puffs Qid #1 RF 2
change Doxycycline 100mg po bid #60 RF 2
Change Aciphex 30mg po Qd #30 RF 2
Hydrocortone ant wheezid #1 RF 2
lactulose 15u bid #1 RF 8

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
FCI MCKEAN

000071

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

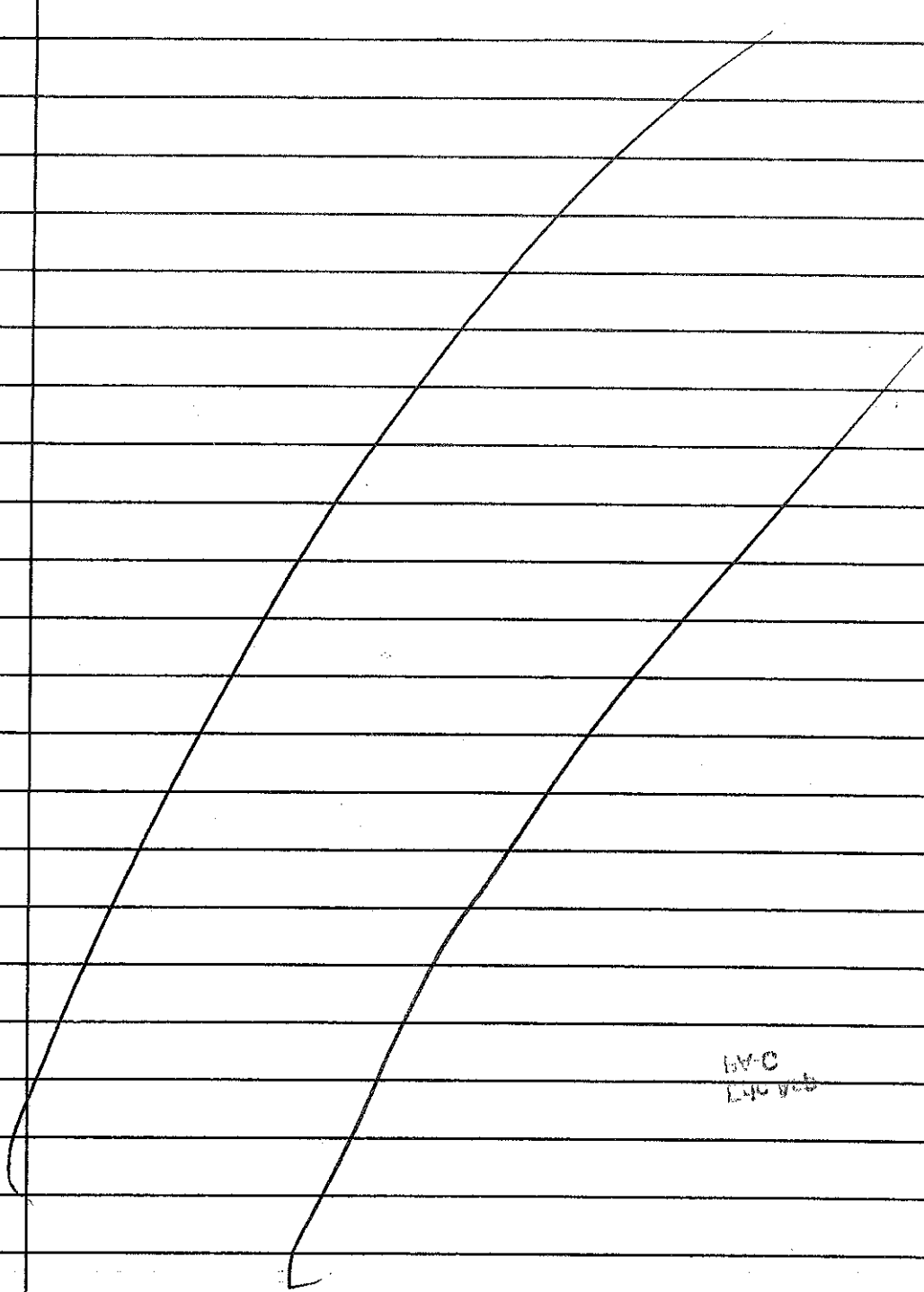
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/4/04 0700	<p>S: interferon injection #2 11/10/04 01 NAD A: HCV @ P: 100 mg given 50- administered under supervision @ RUC in 1 week for next dose Eric Asp PA-C Eric Asp PA-C</p>		
11/4/04 1020	<p>g Hgc - Peg I/Riba Tx severe pruritus feeling - C/o Corded in hands at Injection site 2) leodipine HCTZ 20 Ammonia 202 (with 240) BP 146/84 285# heart @ Abd soft nore shredren at RUC (dy site - say getting better) 3) Hgc on Peg I/Riba Tx 4) Piel med Cyfloxacin 500mg 1000 CRI - Chempumel constant all week - recheck 10/10/04</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Moshier, Donald
 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000072



DATE	SYMPTOMS	AGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
01/20/04	§/ Here to discuss Peg Intron 1015	Ag- Bone marrow depression; he accepts risks -	
	look well -	He signed consent form	
		o/o ting zann ext @ ant scalp	
	A) Here - will begin Tx next week		
	P) Mod - risks. §, benefits - unknown		
	needs: Tetracline 500mg po Bid #60 RF3		
	Ranitidine 150mg qd po Bid #60 RF2		
	Tylenol 500mg qd po Bid #30 RF2		
	Has lactulose, Albuterol		
	CBC - ALT weekly & Ammonia		
	CBW		
	Reviewed By: V. Geza, PharmD		
			H. BEAM, MD FCI MCKEAN

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle initial)	SEX		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME	ORGANIZATION		
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	10924-052		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and JMW
FORM NO. 600-104-500

10/28/04 ⑤ First dose Interferon (DOSE #1)

0700 ⑥ NAO

⑦ Hep-C

⑧ 1. PT ED: Injection procedure

2. PEGASYS 180 µg given (self administered under supervision) in abdomen

3. DRG in 1 week for next dose

[Signature]

Steven Labrozzi, PA-C
Physician Assistant

10/28/04 S/ got first shot today

287#

0950

o) looks & feels fine

T978

Hct/Hgb neg

BP 126/70

chest clear

P70

heart s/s

~~add 507835 @ w/m~~

⑦ Hep C Reg IS, RIBA TX

⑧ Red med, SERs

Hem med

CBWIC

check CBC / Ht

[Signature]

H. BEAM, MD
FCJ MCKEAN

NSN 7840-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

check back (Bloodwork 246)
(27-102)

9/24/04 3/ KFP = 6 → normal
C/O Rmd fecal per
1430 4) feel good - resumed low level
Wgt 284 BP 120/80 P80
Cauter heart 5mm
A of soft BSE w/ven
was cleared by psych for Reg I
A) Hope = chr hris
P) Pced - Further plan for TX
last wgt 150 po Bid #1/mo RF 2
Plu ~ p delin for Reg I/RF #1 bottle RF (8x)

Reviewed by
V. Geza PharmD

H. BEAM, MD
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

10924-052

Donald Mashie

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

000076

7/24/04
1430

9/28/04
1100

Maintenance - needs.

All lateral tipyr and #1 RR2

Reviewed By:
V. Geza, PharmD

[Signature]

H. BEAM, MD
FCI MCKEAN

10/7/04
1500

Adm Approved for Reg I / Rifa TX

Anticipated starting tx week of 10/25-29

2 Rx Peglat Interferon α2a 180mcg SQ Q Week
Ri bavinin 600 mg po Bid pill line 3m

Note Sent to 1/m - will have her
sign consent; Plan weekly
visits x 6 & then monthly -
monitor CBC AT weekly x 5
Then monthly -

Reviewed By:
V. Geza, PharmD

[Signature]

H. BEAM, MD
FCI MCKEAN

10/13/04
1730

Inmate Rec'd 11 pgs. Medical Records

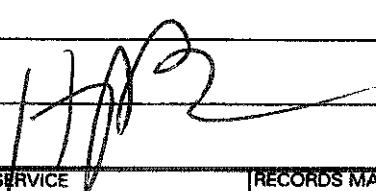
[Signature] HIT
T. Petruzzi HIT

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
9/8/04 1055	s/ long discussion - The Biopsy showed cirrhosis - we discussed risks of liver transplant; bone marrow suppression. He is wanting to and I feel it's a good idea. I'll be sending form to Washington after I get the psych clearance statement.		
	d/ - look away		
	A/ Hep C - c cirrhosis		
	P/ PTSD. noted above Prescribed XFP; blood ammonia await Central office decision 9/1/04		
			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000078


9/22/04
1450

Adm - Seen at hospital 9/21
appear well - mental in house

x PD - 26

Blood Ammonia 246 (27-102)

Flu chronic care ~ within 2 wks
Disin lactulose TX



H. BEAM, MD
FCI MCKEAN

VSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/24/04 0700	Adm Nite Inmate on transport for liver Bx D. Olson, MD Clinical Director		
8/25/04 0700	Adm Nite Inmate returned from transport yesterday, ✓ pending report, convales 8/25 → 8/29/04, sch. daily checks D. Olson, MD Clinical Director		
8/26/04 0900	⑤ Here for wound check post liver Bx. Pain 4 on 1-10 scale ⑥ WAD 978 site of incision healing 5 problem of erythema / edema ⑦ Wound check ⑧ 4/10 wound check per order J. Olson JG/ENW 4NP-0		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
Moshier, Donald			WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000080

DATE

SYMPTOMS DIAGNOSIS TREATMENT TREATING ORGANIZATION (Sign each entry)

Case 1:05-cv-00180-SJM-SPB Document 26-12 Filed 09/21/2006 Page 12 of 50

DATE	SYMPTOMS, DIA	SIS, TREATMENT, TREATING ORC	ACTION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <u>Hep C GERD Asthma</u>		
	SUBJECTIVE: (Chief Complaint) <u>1/18/04 c/o back pain - recently redig for wk</u> <u>0950 R leg pain down out</u>		
	Med. Compliance:		
	OBJECTIVE: (Review System) Age: <u>43</u> Sex: Male Race:		
	B / P: <u>130/80</u> P: <u>70</u> Wt: <u>278</u> T: <u>5'50</u> R / R: <u>520</u> SO2%: <u>500</u> Peak Flow:		
	HEENT: <u>OK</u> Last Op / Opth. Eval.:		
	Heart: <u>OK</u>		
	Lungs: <u>clear</u>		
	Abdomen: <u>soft non-tender</u>		
	Genital / Rectal:		
	Extremities:		
	Neuro:		
	Recent Lab Results:		
	ASSESSMENT(S):		
	DSM IV Classification		
	Axis I:	Axis IV: <u>asthma</u>	
	Axis II:	Axis V: GAF Score: <u>65</u>	
	Axis III: <u>Depressive Disorder</u>		
	Preventive Care:	Diet: <u>water</u> Exercise: <u>walk</u>	
	Tobacco Use: <u>yes</u>	Medication Side Effects: <u>in</u>	

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; D No. or SSN; Sex; Date of Birth; Rank / Grade)	REGISTER NO. <u>10924-052</u>	WARD NO.
---	----------------------------------	----------

Donald Moshier

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)

Pain Level: 1 2 3 4 5 6 7 8 9 10

PLAN:

Patient Education:

- (☒) Discussed Test Results (☒) Discussed Tx Plan
 (☒) Etiology, Complications, Prognosis, Prevention
 (☒) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (☒) No Smoking
 (☒) Medication Dosage / Administration / Compliance / Side Effects
 (☒) Patient Understood Topics (☒) Verbalized Understanding
 (☒) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Diagnostic Studies: (☐) CBC / Dif (☐) U / A (☐) LFT (☐) Chem. Profile (☐) Lipids (☒) HgA1c
 (☐) PSA (☐) Viral Load (☐) CD4 (☐) Toxo Igg. (☐) Hepatitis Panel
 (☐) CXR (☐) EKG (☐) Others:

Consultations: (☐) Optometrist (☐) Ophthalmologist (☐) Orthopedic Surgeon
 (☐) Others: *Preventive*

Referral for Vaccination: (☐) Influenza (☐) Pneumococcal (☐) Other:

Return to Clinic for routine Follow-Up on:



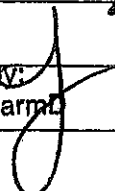
Treatments(s):

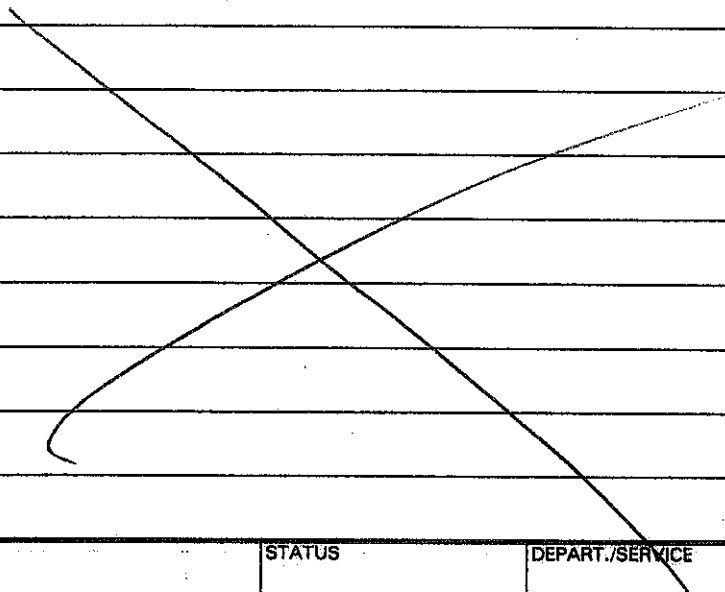
TCN + tetra gelm 500mg \times 10 Bid #60 RP2
 Ranitidine 150 mg \times 10 Bid #60 RP2
 Tyenol 500 mg \times 10 Bid #30 RP4
 Allertal \times 10 Bid #1 RP2
~~Asid oment \times 10 Bid #1 RP2~~

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
 FCI-MCKEAN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
8/17/04 0910	<p>⑤ 90 Rt ear ache x several weeks. Drainage. (+) Pain around/behind (R) eyelid + around ear.</p> <p>90 boils on (L) gluteus + near (L) underarm</p> <p>90 acne, scarring... "TCN not working"</p> <p>90 brown discoloration of lower legs ± itching x several months</p> <p>⑩ NAD T=98²</p> <p>SKIN: - severe scaling scalp esp at ^{anterior} posterior torso 5-77</p> <p>- 1 inch suppurative or exudative incisions ± erythema at (L) gluteus + near (L) axilla</p> <p>- slightly scaling lesions, lower legs ± hyperpigmented macules.</p> <p>HEENT: ④ (R) frontal sinus tenderness turbinates + 3/4 bilateral ④ EAM ④ erythema ④ black region of impacted cerumen near TM.</p> <p>④ Adenopathy</p> <p>④ Abscesses. Cerumen impaction Sinusitis Acne. (L) orbit externa N/A Tinea versicolor } of LE R/O Xerosis</p> <p>④ 1. Cortisone OTC Suspension 4 drops AD BID #1 NR. 2. Selsun 2.5% Shampoo Apply to AP + latter ± small amt of water. Remain on skin 10 min. Rinse thoroughly. Repeat QD } 150 ml #1 NL</p> <p>3. HC 1% Cream Apply to Lower legs QID prn itching #1 R x 3</p> <p>4. Augmentin-500 TPO TID x 10d #30 NK</p> <p>5. Pt declines NSAIDs.</p> <p>6. C&S of exudate from abscesses.</p> <p>7. Red in 7-10 days.</p> <p>8. ED: Rx, Tx plan, med, hygiene.</p>	
	<p>Steven Labrozzi, RPh Pharmacist Steven Labrozzi, PA-C Physician Assistant</p> <p>Steven Labrozzi, PA-C Physician Assistant</p> <p>H. BEAM, MD FCI MCKEAN</p>	

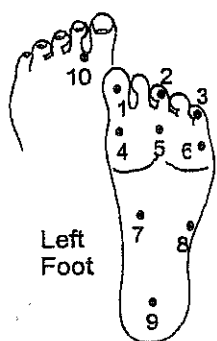
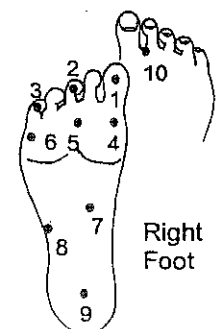
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
4/15/04 1430	Adm URC - Approved for LWR Rx -	
8/5/04 1530	Adm - See Current response Rx Albuterol 11 puffs Bid #1 REF:	
	Reviewed By: V. Geza, PharmD	
		H. BEAM, MD FCI MCKEAN
		H. BEAM, MD FCI MCKEAN



HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 1824-052

Donald Mosher

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)		
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Hepe Bonkum Dr G880</i>		
<i>5/21/09</i>	SUBJECTIVE: (Chief Complaint) <i>Acid reflux</i> <i>2 days yellow plaques</i> <i>Disrupted glucose - mother & father</i>		
<i>14/10/09</i>	Med. Compliance: <i>EDM -</i>		
	OBJECTIVE: (Review System) Age: <i>42</i> Sex: Male Race: <i>Geno 2000</i> B/P: <i>120/60</i> P: <i>70</i> Wt: <i>284</i> T: R/R: SO2%: <i>Peak Flow:</i>		
Diabetic foot Screen Test Steps	HEENT: <i>OK</i> Last Op / Opth. Eval.: Heart: <i>OK</i> <i>chronic low back pain</i> Lungs: <i>clear / wheezing</i> <i>- disability on SACS</i> Abdomen: <i>Tenderness since 1989</i> Genital / Rectal: <i>⊕ GRL ⊕</i> <i>ret / 40</i> Extremities: <i>5/12/09</i> Neuro: <i>AT 129 → 115</i> <i>115 10/11/03</i> Recent Lab Results: <i>glucose 177, 139</i> <i>glycoHb 4.9</i>		
Diabetic foot Screen Test Steps	ASSESSMENT(S):		
	DSM IV Classification		
	Axis I: Axis II: <i>acne back</i> Axis III: <i>Hepe, Bonkum Dr</i> <i>Bonkum</i> Preventive Care: Diet: <i>diets</i> Exercise: <i>walks</i> Tobacco Use: <i>yes</i> Medication Side Effects:		

Diabetic foot
Screen Test StepsDiabetic foot
Screen Test Steps

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

000086

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
ID No. or SSN; Sex; Date of Birth; Rank / Grade

REGISTER NO.

10924-052

WARD NO.

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

NDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

Pain Level: 1

PLAN:

Patient Education:

- () Discussed Test Results () Discussed Tx Plan
 () Etiology, Complications, Prognosis, Prevention
 () Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking
 () Medication Dosage / Administration / Compliance / Side Effects
 () Patient Understood Topics () Instructed If Problems
 or if running out of medication, should sign up for sick-call or send cop out.

Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgAlc
 () PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel
 () CXR () EKG () Others: "Hep Batten"

Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon
 () Others: "psych eval - under rx to dr."

Referral for Vaccination: () Influenza () Pneumococcal () Other:

Return to Clinic for routine Follow-Up on: 3mo

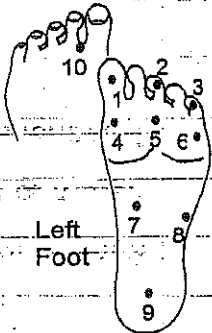
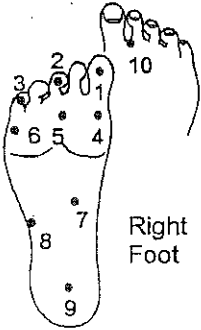
Treatments(s):

Tetracycline 500mg po Bid #60 RF2
 Lamictal 150mg po Bid #60 RF2
 Tylenol 500mg po Bid #30 RF2

Bactrim DS po Bid #20 RF2
 Albuterol #100 bid #1 RF2

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
 FCI MCKEAN

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)		
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other:		
4/24/09	SUBJECTIVE: (Chief Complaint) <i>No show for callout with scheduled</i>		
0930	Med. Compliance:		
	OBJECTIVE: (Review System) Age: Sex: Male Race:		
	B / P: P: Wt: T: R / R: SO2%: Peak Flow:		
Diabetic foot Screen Test Steps  Left Foot	HEENT: Last Op / Opth. Eval.: Heart: <i>170 RR 139 8/14/02</i>		
	Lungs: <i>need FBS glyco test</i>		
	Abdomen:		
	Genital / Rectal:		
	Extremities:		
	Neuro:		
	Recent Lab Results:		
Diabetic foot Screen Test Steps  Right Foot	ASSESSMENT(S): <i>ACT 775 10/03</i> <i>AK 115 2/04</i>		
	DSM IV Classification		
	Axis I:		
	Axis II:		
	Axis III: <i>Dep c</i>		
	Preventive Care: Diet: Exercise:		
	Tobacco Use: Medication Side Effects:		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART. / SERVICE
SPONSOR'S NAME		SSN / ID NO.	RELATIONSHIP TO SPONSOR
PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank / Grade) <i>Donald Moshier</i>		REGISTER NO. <i>10929-052</i>	WARD NO.
CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Printed by GSA / ICMR			

PLAN:

Patient Education:

- () Discussed Test Results () Discussed Tx Plan
 - () Etiology, Complications, Prognosis, Prevention
 - () Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking
 - () Medication Dosage / Administration / Compliance / Side Effects
 - () Patient Understood Topics () Instructed If Problems
- or if running out of medication, should sign up for sick-call or send cop out.

Diagnostic Studies:

- () CBC / Dif () U / A (✓) LFT () Chem. Profile (✓) Lipids (✓) HgA1c
- () PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel
- () CXR () EKG () Others: *RBS*

Consultations:

- () Optometrist () Ophthalmologist () Orthopedic Surgeon
- () Others:

Referral for Vaccination:

- () Influenza () Pneumococcal () Other:

Return to Clinic for routine Follow-Up on:

As indicated ~ 1 mo

Treatments(s):

[Signature]

H. BEAM, MD
FCI MCKEAN

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/26/04 10/10hr	<p>42x10 9/0 Lump (Soft) Rt. Thigh - Episodic enlargement & Pain - Onset? 2 yrs. Hx lumps other places - (Chin/abdomen). Side Note - Breakthrough dyspnea Hx (60P1) or LE's (leg/foot swelling).</p> <p>① CAD x3, NAD, ambulatory, ② affect. - Chin - Epidermoid / Sebaceous Cyst - abd - LUQ - lipoma - BLE → Ant. Surface Thigh - ill defined 4cm oval, & tender, palpable soft lumpy mass; & mobile; erythema to mid. to zero elevation; & pigmentation</p> <p>→ Leg/Feet (Bilat) - Hyperpigmented, & 1+ pitting edema - medial ankle & anterior (dorsal) surface tibia breakdown - & ulceration & scabbing 2° abrasion</p> <p>NT NL Temp {</p> <p>③ Lipoma; Venous insufficiency ④ Edema/eczema - Measure re. Mass. - Venous insuff. & post. ulceration</p> <p>Teds Stockings (large/long knee high) Flu Dr. Bear re. GERD med. adjust.; Rte PMA Understands</p>

Robert E. Piotrowski, PA-C

FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

10924-052

WARD NO.

Moshier, DONALD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000030

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Case 1:05-cv-00180-GJM-SPB Document 25-12 Filed 09/21/2006 Page 42 of 50

ИСТОЧНИК
ИДЕНТИФИКАЦИОННЫЙ БУ-С

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1/23/04 1240	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <u>Hypertension</u> <u>GERD</u> <u>low back pain</u>		
	SUBJECTIVE: (Chief Complaint)		
	<u>"Rt hip killing me"</u> <u>Pain cramps x 2 wks</u>		
	OBJECTIVE: (Review System) Age: <u>42</u> Sex: <u>Male</u> Race: <u></u>		
	B/P: <u>130/80</u> P: <u>70</u> Wt: <u>285</u> T: <u></u> R/R: <u></u> SO2%: <u></u> Peak Flow: <u></u>		
	HEENT: <u>OK</u> <u>Inflamed</u> <u>Conjunctivae</u> Last Op/Opht. Eval: <u></u>		
	Heart: <u>2/2</u> <u>R side</u>		
	Lungs: <u>Clear</u> <u>Rom 10m full</u>		
	Abdomen: <u>no x 2</u> <u>SPCE</u>		
	Genital/Rectal: <u>none - void</u>		
	Extremities: <u></u>		
	Neuro: <u></u>		
	Recent Lab Results: <u></u>		
	ASSESSMENT(S):		
	DSM IV Classification		
	Axis I: <u></u>		
	Axis II: <u></u>		
	Axis III: <u>Hypertension</u> <u>Anxiety</u> <u>GERD</u>		
	Preventative Care: Diet <u>watching</u> Exercise <u>walking</u>		
	Tobacco use: <u>yes</u> Medication Side Effects: <u>no</u>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
INSUROR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Donald Markson

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 8004 REV. 8-97
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000092

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 8 9 10
	PLAN: <i>Hepatitis shot</i>
	Patient Education:
	() Etiology, Complications, Prognosis, Prevention () Diet, Diabetic/Cardiac/
	Disease, Lifestyle Changes () No Smoking () Medication Dosage/Administration/
	Compliance/Side Effects () Patient Understood Topics () Instructed if problems
	or if running out of medication, should sign up for sick-call or send cop out.
	Diagnostic Studies: () CBC/Diff () U/A (<input checked="" type="checkbox"/>) LFT () Chem Profile () Lipids () HgAlc
	() PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel
	() CXR () EKG () Others:
	Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon
	() Others:
	Referral for Vaccination: () Influenza () Pneumococcal () Other:
	Return to Clinic for routine Follow-Up on: <i>3mo</i>
	Treatment(s):

Reviewed By:
V. Geza, PharmD

Tefradine 500mg > BID # 60 R22
Rantidine 150mg > BID # 60 R22
Debrox 2g HS tid # 1 R22
Tylenol 500 > BID # 30 R22

(indigent)

1/23/04

Will allow OTC meds at this time.
Inmate has no funds currently
but does not qualify as indigent
Inmate has purchased through commissary

this month.

Reviewed By:
V. Geza, PharmD

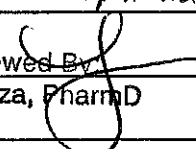
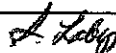
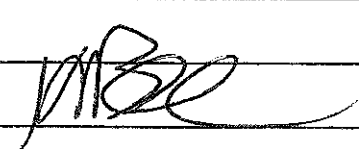
H. BEAM, MD
FCI MCKEAN

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12-10-03 1300	<p>③ Pt states he feels better ... No forehead pressure & pressure behind eyeballs.</p>		
	<p>① T=97.8°F S_{at}O₂=97% HR=82 HEENT: ① sinus tenderness Turbinates +4/y ① thick white mucus +3.5/y ② ③ adenopathy LUNGS: rhonchi throughout</p>		
	<p>④ Sinusitis & Viral Syndrome</p>		
	<p>⑤ 1. Septin-DS TPO BID x 14d #28 NR. 2. Acetyf TPO QID prn for nose + sinus congestion #20 NR. 3. Continue APAP previously Rx'd. 4. ↑ water intake, ↓ dietary protein. ↑ rest. 5. Ful prn via S/C.</p>		
	<p>Reviewed By:  V. Geza, PharmD</p> <p> Steven Labrozzi, PA-C Physician Assistant</p>		
12/22/03 1545	<p>Adm - w/ll order Hepatitis A vaccine series not sent to /m</p> <p> H. BEAM, MD ECI MCKEAN</p>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10934-052
			WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
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FIRM (41 CFR) 201-9.202-1

000094

1/6/04
1100

Adm maintain - c/o LBP -
with continuous surveillance
see form

10/13/04

H. BEAM, MD
FCI MCKEAN

ADJUTANT GENERAL
U.S. ARMY

NSN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
11/30/03 2030	EMERGENCY: 1m c/o Chest Pain, brought to #54 by COs in Gator	
	C/P Chest Pain x 20 minutes like elephant stepping on chest ± radiation across chest, (R + L Pectoral areas) down (Right error c) 11-30) Left Arm to elbow ± paresthesia throughout entire L. arm.	
	+9/10	
	C/o constant cough c fever/chills since last night	
	① 1m clutching chest BP = 140/60 T = 100.6 °F HR = 92 SaO ₂ = 96%	
	④ tenderness to palpation of chest wall at (L) > (R) pectoral	
	HEENT: ⊖ adenopathy Ⓡ EAM ++ erythema Oropharynx S exudates	
	LUNGS: CTA ⊖ egophony ECG: Normal	
	④ R/o Pneumonia R/o Bronchitis URI/Viral Syndrome/Gastro	
	① * 1. Erythromycin 500mg i po QID x 10d #40 NR (4 night cab) #40 Rx 3 * 2. APAP-500 2 po QID prn fever, pain, H.A. (6 night cab) * 3A. Guaifenesin-Dm T po BID c ↑ water #14 NR * 3B. Pepto Bismol * 4. Recheck on Wednesday 3 p.m. 5. Pt understands Tx plan. 6. ASA given stat 325mg Maox 45ml given stat 7. IDLE x 3 days. * 8. BENADRYL 25mg i po QID x 24h. #4 NR (4 nite cab)	
	2 TBS po QID prn N/V. Do not take at same as other meds. #1 Rx 2	
	Reviewed By: J. Geza, PharmD	
	HOSPITAL OR MEDICAL FACILITY	
	STATUS	
	DEPART./SERVICE	
	RELATIONSHIP TO SPONSOR	
	REGISTER NO.	
	WARD NO.	
	PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Date of Birth; Rank/Grade.)	
	Moshier, Donald	
	10924-052	

CHRONOLOGICAL RECORD OF MEDICAL CARE

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000096

12-3-03

(3) Re✓ RE chest pain, fevers, etc SEE 11/30/13

1070

Not feeling better.

Coughing has improved

Bones + muscles aches

Chest still sore

Diarrhea

"aching" not

excruciating as on 11/30

Chest feels full

Headaches: pressure

(4) Pt appears ill/weary

T = 98.4° F

SaO₂ = 95%

HR = 82

BP = 126/79

HEENT: some tenderness to palp of frontal sinuses
 TURBINATES + 3.5/4 whit & thick white mucus
 TMs pearly gray
 Oropharynx: no exudate
 O adenopathy

LUNGS: Rhonchi expiratory & inspiratory throughout

PEEK FLOWS: 560, 340, 380

(A) R/o pneumonia R/o bronchitis R/o influenza

(P) 1. Albuterol 0.5ml in 3ml NS inhalation Tx.

VS p Tx: T = 98.1 BP = 116/76 SaO₂ = 97% HR = 81 Peak Flows = 430/460/450

2. CXR (done)

3. Consult Dr. Beam:

- No evident pneumonia (CXR)
- Continue current TACS on 11/30

4. ACTIFED T po QID^{PRN} for sinus pressure. #20 NR

5. Re✓ in 7 days.

Reviewed By:
 V. Geza, PharmD

Steven Labrozzi, PA-C
 Physician Assistant

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)	
10/21/03	Inmate received		
1230	22 pages of medical records	J. Glenn FMP-C	
		T. Petruzzi, HIT	
10/3/03	see injury report of this date.		
0640		Eric Asp PA-C	
11/21/03	<p>0930 @ c/o nasal congestion, H/A, sore throat & cough, and upset stomach x 1 wk. Pain 4/10-10 scale</p> <p>@ NAD 988-70-16 13078 SMOKE exam - inmate has very strong signable odor</p> <p>throat - erythema & mild white patches</p> <p>ears - TM not visible due to cerumen impaction in ear, lt. ear wnl, & facial tenderness</p> <p>lungs - mild wheezes</p> <p>(@) 1) LRI vs pharyngitis 2) dyspepsia</p> <p>(cont) J. Glenn FMP-C</p>		
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		10984-052	

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

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- 11/21/03 (P) 1) Amoxicillin 500 mg po TID x 10 days
0930 2) Acetaminophen 7 po TID x 5 days
(ant) 3) Repto-chinal 30 cc po TID prn #/day
4) 1 fluid
5) NO Smoking
6) Educated on Rx, plan of care, & IV
Verbalized understanding

Reviewed By
V. Geza, PharmD

J. Glenn FMP-C

LYC
Linc vob

Medical Records
Section of
Medical Records